

## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09-26-2010</u>	Address:	EAST OF TULIP RD
Case #;	<u>24F31934</u>		SOUTH OF OLD US 30
County:	MARSHALL		A <u>LONG RR</u> T <u>RACKS</u>
Type of Laboratory Scizure (check one)  Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Scizure Location ( Residence Outbuilding Vehicle	check all that apply)  Ilotol/Moiel Open No Structure Other;
Items Found: Location (bedroom, kitchen, open air, etc)         (check all that apply)			
Child under age 18 discovered (check one)       Investigative Information         ☐ Yes (number present)       ☐ Ephedrine/Pseudoephedrine Tracking Log         No       ☐ Retail/Merchant Tip         *If yes, fax report to Child Protective Services       ☐ Other: TRESPASS COMPLAINT         This report is to be faxed to the following agencies that serve the location:         Fire Department: PLYMOUTH FD       Fax: fire@plymouthi         Health Department: MARSHALL CO       Fax: 574-936-9247         Fax:       —			
Child Protection Service:  For further information regarding this methamphetamine laboratory, contact Investigating Officer: Scott Gilbert Phone 219-696-6242			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.